

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2013
NAME OF PROVIDER OR SUPPLIER CLAIBORNE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area's fire rated construction is maintained and combustible storage rooms larger than 50 square feet were provided with door closers. The findings include: 1. Observation and interview with the Maintenance Director, on November 17, 2013 at 12:00 p.m. confirmed unsealed penetrations in the following areas: a) Above ceiling by room 111, b) 1st floor laundry dryer vents that penetrated the rated wall were not sealed. c) 2nd floor above structural member above the lay-in ceiling by room 216.</p> <p>2. Observation and interview with the Maintenance Director, on November 17, 2013 at 11:15 a.m. confirmed the first and 2nd floor shower rooms were used to store combustibles were not provided with door closers (NFPA 101, 19.3.2.1 (7)).</p>	K 029	<p>K 029 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p><u>Corrective Action Taken:</u> 1.(a) Fire stop caulking was applied to seal the identified penetration above the ceiling in room 111 on 11/20/13. (b) Fire stop caulking was applied around the identified 1st floor laundry dryer to seal the identified penetration on 11/20/13. (c) Fire stop caulking was applied to seal the identified penetration on 2nd floor above structural member above the lay-in ceiling by room 216 on 11/20/13. 2. Door closures were installed to the identified 2nd floor shower room doors on 11/25/2013.</p> <p><u>How to identify similar issues:</u> A building inspection was conducted by the Maintenance Department personnel to identify any other fire and/or smoke wall penetrations in the nursing home. The inspection tour also included all storage areas of combustible materials to ensure that door</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*T. S. Brown**Administrator**12/5/2013*

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K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined extension cords and multiple outlet adapters were not used for medical devices. The findings include: Observation and interview with the Maintenance Director, on November 17, 2013 at 2:00 p.m. confirmed power strips in rooms 102, 108, and 118 were being used with oxygen concentrators. This finding was verified by the Maintenance Supervisor and acknowledged by the Risk Manager during the exit conference on November 17, 2013	K 147	<u>Corrective Action Taken:</u> The deficient practice identified in rooms 109, 122, and 124 were removed 11/17/13. All equipment in use was plugged into the existing wall outlets. <u>How to identify similar issues:</u> All resident rooms were checked by the nursing staff for other power strips in use. Each power strip found was removed immediately and equipment was plugged into existing outlet plugs. <u>Measures put in place:</u> (1) Upon admission to the Nursing Home, each caregiver involved in this process will be made aware that no power strips are to be brought into the facility. This instruction is to be added to the admission checklist. Responsible Person: Social Worker. (2) The nursing staff will observe resident rooms on each 2 hour rounds for presence of power strips and remove them if found, (3) Staff		

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